PTO/SB/80 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all<br>37 CFR 3.73(b).                                                                                                                                                                                                                                                                                                                                                                                                            | previous powers of atto                                                                               | orney given in the                    | e application ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ntified in the attached st                                  | tatement under                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|--|
| I hereby appoint:                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                | associated with the Custo                                                                             |                                       | 23524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4<br>ned, then a customer numbe                             | er must be used).               |  |
| Practitioner(s)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | · · · · · · · · · · · · · · · · · · · | lots are to be itali                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed, their a customer humbe                                  | <del>,</del>                    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       | Registration Number                   | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | Registration<br>Number          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | <u> </u>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                       | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                 |  |
| any and all patent applic                                                                                                                                                                                                                                                                                                                                                                                                                         | ) to represent the undersigne<br>ations assigned <u>only</u> to the un<br>accordance with 37 CFR 3.73 | idersigned according                  | States Patent and To<br>to the USPTO assi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rademark Office (USPTO) in o<br>gnment records or assignmen | connection with<br>at documents |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                       | entified in the atta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ched statement under 37 (                                   | OFR 3.73(b) to:                 |  |
| The address associated with Customer Number;                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                       | 20027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                 |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | <del> </del>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                       |                                 |  |
| Firm or Individual Name                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                       | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                 |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       | State                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zip                                                         |                                 |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | Telephone                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Email                                                       | <u> </u>                        |  |
| Assignee Name and                                                                                                                                                                                                                                                                                                                                                                                                                                 | Assignee Name and Address:                                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Spyder Navigations L.L.C.                                                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
| 1209 Orange St<br>Wilmington, DE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | * .                             |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S                                                                                                     | GNATURE of Ass                        | ignee of Record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o act on behalf of the assigne                              | e                               |  |
| Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                      | SPYDER NAVIGAT                                                                                        | <del></del>                           | THE PERSON OF TH | and the second of the second                                | -                               |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                 |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                              | Pat Mathews                                                                                           |                                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9 August 2                                                  | 177                             |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                             | Authorized Person                                                                                     |                                       | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9 August 20                                                 |                                 |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                    |                                 |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/96 (06-04)

Approved for use through 07/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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|                                                                                                             | STATEMENT L                                                                          | INDER 37 CFR 3.7          | 3(b)                                   |                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------|----------------------------------------|------------------------------------|
| Applicant/Patent Owner:                                                                                     | Mellow Timothy                                                                       |                           |                                        |                                    |
| Application No.:                                                                                            | 09/892,640                                                                           | Filed:                    | 6/2                                    | 8/2001                             |
| Patent No.:                                                                                                 | 7,039,206                                                                            | Issue Da                  | ite: 5/2/                              | /2006                              |
| Docket Number:                                                                                              | 088245-1001                                                                          |                           |                                        |                                    |
| Entitled:                                                                                                   | AKER                                                                                 |                           |                                        |                                    |
| SDVDED MANUCATIONS LLC                                                                                      |                                                                                      |                           | •                                      |                                    |
| SPYDER NAVIGATIONS L.L.C. (Name of Assignee)                                                                |                                                                                      |                           | ssignee, e.g., corpo                   | oration, partnership, university,  |
| states that it is:                                                                                          |                                                                                      | governme                  | t agency, etc.)                        | ,                                  |
|                                                                                                             | tire right, title, and interest;                                                     | 0.5                       |                                        |                                    |
|                                                                                                             | ore right, ute, and interest,<br>an the entire right, title, and                     |                           |                                        | •                                  |
| The extent (by percentage) of its ov                                                                        | • •                                                                                  | merest                    |                                        |                                    |
| in the patent application/patent identi                                                                     | fled above by virtue of eith                                                         | er:                       |                                        |                                    |
| A. An assignment from the inven<br>United States Patent and Trad                                            | tor(s) of the patent applicat                                                        | ion/patent identified abo | ve. The assignm                        | nent was recorded in the           |
| OR                                                                                                          |                                                                                      | <u></u>                   |                                        | g                                  |
| B.   A chain of title from the invent                                                                       | or(s), of the patent applicat                                                        | ion/patent identified abo | ve. to the curren                      | nt assignee as shown helow         |
|                                                                                                             | To: <u>NC</u><br>ded in the United States Pa<br><b>7</b> , or for which a copy there |                           | ce at                                  |                                    |
|                                                                                                             | TION To: SE<br>ded in the United States Pa<br>g, or for which a copy there           |                           |                                        |                                    |
| 3. From:                                                                                                    | To:                                                                                  |                           |                                        |                                    |
| The document was record                                                                                     | ded in the United States Pa                                                          |                           | ce at                                  |                                    |
| ☐ Additional documents in t                                                                                 | •                                                                                    |                           |                                        |                                    |
|                                                                                                             |                                                                                      |                           |                                        |                                    |
| Copies of assignments or other d<br>[NOTE: A separate copy (i.e., a trace accordance with 37 CFR Part 3, if | rue copy of the original doc                                                         | ument(s)) must be subm    | itted to Assignmented to the USPTO. Se | nent Division in<br>e MPEP 302.081 |
| The undersigned (whose title is suppl                                                                       | _                                                                                    |                           |                                        | 2007                               |
| Signatur                                                                                                    | 6                                                                                    |                           | Date                                   |                                    |
| Paul S. Hunter (Reg                                                                                         | . No. 44,787)                                                                        |                           | (608).258.42                           | 292                                |
| Printed or Type                                                                                             |                                                                                      |                           | Telephone Nu                           |                                    |
| Attorney for Ap                                                                                             |                                                                                      |                           |                                        |                                    |
|                                                                                                             | /privatit                                                                            | <del></del>               |                                        |                                    |
| Title                                                                                                       |                                                                                      |                           |                                        |                                    |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 mirrutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.